AMERICAN INTELLIGENCE.

ORIGINAL COMMUNICATIONS.

Urine in Fœtal Life. By Geo. T. Elliot, Jr., M. D., Physician to Bellevue Hospital, New York.—On examining the body of a stillborn, forceps-delivered child at Bellevue Hospital, the bladder was found distended, and mounting above the pubes. It was carefully held up with forceps, punctured, and the contents withdrawn in a new glass syringe of large size without the admixture of blood; and then injected into a perfectly clean phial. It was of a very pale straw colour, like clear syrup in consistence, and with no smell of urine, and deposited no sediment. Litmus and turmeric paper showed it to be acid. A bottle adapted to measure the specific gravity of one hundred grains of distilled water showed the same quantity of the urine to weigh 100¾ of a grain, which would give by ordinary measurement a specific gravity of 1007.5. Prolonged boiling in a test tube, and the addition of nitric acid gave no traces of albumen; the addition of the acid produced a slight deepening in colour. A portion of the urine subjected to Trommer's test, gave no evidences of sugar. Under the microscope some granules, or broken crystals appeared, believed from the colour to be uric acid. Some pavement epithelium; no oil globules; no renal epithelium.

A few drops allowed to evaporate on a glass slide gave well-marked dagger shaped crystals of the chloride of sodium.

Some nitric acid was added to a small quantity of the urine, and then a few drops of a strong solution of the nitrate of silver; when a whitish precipitate becoming gradually dull on exposure to the air was thrown down; believed to be the chloride of silver and to afford additional evidence of hydrochloric acid.

A few drops of ammonia being added to some urine on a glass slide gave a deposit under the microscope of minute granules in masses, slightly yellowish in colour by transmitted, and white by reflected light, which were dissolved by hydrochloric acid. They were assumed to be the phosphate of lime.

The addition of oxalic acid produced no crystals of the oxalate of lime; nor indeed did any of these crystals exist originally in the urine.

Some urine being placed on a glass slide, a few drops of a solution of the oxalate of ammonia were added. Under the microscope some fine amorphous granular matter was detected, but no crystals whatsoever.

No urate of ammonia detected.

Some urine was placed in a test tube and a few drops of nitric acid added, when it was allowed to stand for twenty-four hours. Numerous well formed crystals of uric acid were then found under the microscope, some rose, some barrel-shaped, with amorphous granules similar to those elsewhere described.

About two drachms of urine were placed in a watch glass, and evaporated to about one-half; when about one-fourth of its bulk of nitric aid was added, and allowed to stand in a cool place for twenty-four hours, when very numerous well formed crystals of the nitrate of urea were seen.

Some urine was placed in a watch glass, and about ten grains of oxalic acid added. This was allowed to evaporate in a cool place, and on the following morning numerous well-formed crystals of the oxalate of urea were displayed under the microscope.

An unsuccessful effort was made with nitric acid and a solution of the chloride of barium to determine the presence of sulphuric acid.

In order to procure crystals of the triple phosphate, the remainder of the urine was allowed to stand in a warm place for three days; when it emitted a putrid odour, and showed vibriones in motion, but none of the crystals sought for.

The above facts were all that could be observed with the small quantity of urine obtained. The examinations were under the direction of my friend Dr. Chas. E. Isaacs of this city, in the presence of Dr. Catlin; and a doubtful point in the detection of sulphuric acid decided by Prof. Doremus.

The observations of Dr. McClintock contained in the *Dublin Quarterly* for 1849,[1] do not agree with the one just narrated. Dr. McC. says "the urine before birth differs in its chemical constitution from that subsequently in two very remarkable particulars, viz: 1st in containing a large quantity of albumen; and secondly in being almost, or altogether deficient in urea."

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Ascites successfully Treated by the establishment of a Fistulous Opening. By E. P. Bennett, M. D., Danbury, Conn.—I cannot say that the subject of this case is radically cured, although he is restored to robust health and active usefulness; but I consider the course of treatment pursued so remarkably successful as to merit to be reported, and that a still further trial of the curative process should be adopted. The patient was a middle-aged lady from a neighbouring town (Wilton), married, but childless, never having been pregnant. She had not entirely ceased to menstruate, but had become quite irregular, not in consequence of any disease, but of her period of life. She had usually enjoyed good health. She consulted me in the month of March, 1856, for what she supposed to be ovarian dropsy, and wished an operation for its removal. Her disease was of from three to four years' standing. She was tapped about a year ago, but owing to the great viscidity of the fluid, but little was removed, and that little rapidly reaccumulated.

From the history of her case, and from a careful examination of the state of the thoracic and abdominal viscera, I came to the conclusion the patient had ascites from chronic inflammation of the peritoneum, and proposed to try to cure her by the establishment of a permanant drain from the abdominal cavity and by injections. Having candidly expressed to her the desperate character of the case, and the treatment I proposed to pursue for her relief, she readily gave her consent. I accordingly made an incision about three inches in length, commencing just below the umbilicus; through this opening I managed, after a little time, to remove the gelatinous contents of the abdomen to the amount of an ordinary pailful. I then, with a large syringe, washed out the peritoneal cavity thoroughly with warm water, and in this way removed, as far as possible, all the remaining gelatinous matter. Introducing my fingers through this opening, I carefully examined the abdominal organs as far as possible, but I found the peritoneal surface rough, and the bowels so agglutinated together as to prevent a very critical examination. I then threw into the abdominal cavity four ounces of saturated tinct. of iodine, which I retained for about ten minutes, and then suffered it to escape.

This may at first thought appear to be heroic practice, but it must be borne

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[[1] See this Journal for July, 1849, p. 245.]